

House Amendment 1449

PAG LIN

1 1 Amend the amendment, H=1417, to House File 841 as
1 2 follows:
1 3 #1. Page 11, by inserting after line 31, the
1 4 following:
1 5 <Sec. _____. NEW SECTION. 249J.14A TASK FORCE ON
1 6 INDIGENT CARE.
1 7 1. The department shall convene a task force on
1 8 indigent care to identify any growth in uncompensated
1 9 care due to the implementation of this chapter and to
1 10 identify any local funds that are being used to pay
1 11 for uncompensated care that could be maximized through
1 12 a match with federal funds.
1 13 2. Any public, governmental or nongovernmental,
1 14 private, for-profit, or not-for-profit health services
1 15 provider or payor, whether or not enrolled in the
1 16 medical assistance program, and any organization of
1 17 such providers or payors, may become a member of the
1 18 task force. Membership on the task force shall
1 19 require that an entity agree to provide accurate,
1 20 written information and data relating to each of the
1 21 following items for the fiscal year of the entity
1 22 ending on or before June 30, 2005, and for each fiscal
1 23 year thereafter during which the entity is a member:
1 24 a. The definition of indigent care used by the
1 25 member for purposes of reporting the data described in
1 26 this subsection.
1 27 b. The actual cost of indigent care as determined
1 28 under Medicare principles of accounting or any
1 29 accounting standard used by the member to report the
1 30 member's financial status to its governing body,
1 31 owner, members, creditors, or the public.
1 32 c. The usual and customary charge that would
1 33 otherwise be applied by the member to the indigent
1 34 care provided.
1 35 d. The number of individuals and the age, sex, and
1 36 county of residence of the individuals receiving
1 37 indigent care reported by the member and a description
1 38 of the care provided.
1 39 e. To the extent practical, the health status of
1 40 the individuals receiving the indigent care reported
1 41 by the member.
1 42 f. The funding source of payment for the indigent
1 43 care including revenue from property tax or other tax
1 44 revenue, local funding, and other sources.
1 45 g. The extent to which any part of the cost of
1 46 indigent care reported by the member was paid for by
1 47 the individual on a sliding fee scale or other basis,
1 48 by an insurer, or by another third-party payor.
1 49 h. The means by which the member covered any of
1 50 the costs of indigent care not covered by those
2 1 sources described in paragraph "g".
2 2 3. The department shall convene the task force for
2 3 a minimum of eight meetings during the fiscal year
2 4 beginning July 1, 2005, and during each fiscal year
2 5 thereafter. For the fiscal year beginning July 1,
2 6 2005, the department shall convene at least six of the
2 7 required meetings prior to March 1, 2006. The
2 8 meetings shall be held in geographically balanced
2 9 venues throughout the state that are representative of
2 10 distinct rural, urban, and suburban areas.
2 11 4. The department shall provide the medical
2 12 assistance projections and assessment council created
2 13 pursuant to section 249J.19 with all of the following,
2 14 at intervals established by the council:
2 15 a. A list of the members of the task force.
2 16 b. A copy of each member's written submissions of
2 17 data and information to the task force.
2 18 c. A copy of the data submitted by each member.
2 19 d. Any observations or recommendations of the task
2 20 force regarding the data.
2 21 e. Any observations and recommendations of the
2 22 department regarding the data.
2 23 5. The task force shall transmit an initial,
2 24 preliminary report of its efforts and findings to the

2 25 governor and the general assembly by March 1, 2006.
2 26 The task force shall submit an annual report to the
2 27 governor and the general assembly by December 31 of
2 28 each year.
2 29 6. The department shall, to the extent practical,
2 30 assist task force members in assembling and reporting
2 31 the data required of members, by programming the
2 32 department's systems to accept, but not pay, claims
2 33 reported on standard medical assistance claims forms
2 34 for the indigent care provided by the members.
2 35 7. All meetings of the task force shall comply
2 36 with chapter 21.
2 37 8. Information and data provided by a member to
2 38 the task force shall be protected to the extent
2 39 required under the federal Health Insurance
2 40 Portability and Accountability Act of 1996.
2 41 9. Costs associated with the work of the task
2 42 force and with the required activities of members
2 43 shall not be eligible for federal matching funds.>
2 44 #2. By renumbering as necessary.
2 45
2 46
2 47 _____
2 48 CARROLL of Poweshiek
2 49
2 50
3 1 _____
3 2 FOEGE of Linn
3 3
3 4
3 5 _____
3 6 HEATON of Henry
3 7
3 8
3 9 _____
3 10 SMITH of Marshall
3 11
3 12
3 13 _____
3 14 UPMEYER of Hancock
3 15 HF 841.712 81
3 16 pf/gg/2099